

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/598,060-Conf. #5495
	Filing Date	June 20, 2000
	First Named Inventor	Kraus Bernhard
	Art Unit	2859
	Examiner Name	Y. Guadalupe
	Attorney Docket Number	21185/0206872-USO

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 07278

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
 Customer Number: 07278

OR

☐ Firm or
 Individual Name

Address

City

Country State Zip

Telephone Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.